

FILED DEC 5- 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40583
STATE FILE NUMBER

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5410

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City				c. CITY OR TOWN Kansas City			
c. FULL NAME OF (If NOT in hospital, give location) Gen'l Hosp. #1				d. STREET ADDRESS (If outside, give location) 8815 LINCOLN AVENUE			
3. NAME OF DECEASED (Type or print) First Ethel Middle ELIZABETH Last Roy				4. DATE OF DEATH Month 11 Day 13 Year 1957			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH APR. 17-1894	
9. AGE (In years last birthday) 63		10. FUNDING YEAR Months 11 Days 13 Hours 13 Min. 13		11. BIRTHPLACE (City and state or country) NEOSHO MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNKNOWN BOZ WORTH				13b. MOTHER'S MAIDEN NAME UNKNOWN			
14. NAME OF HUSBAND OR WIFE EDGAR ROY				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			
16. SOCIAL SECURITY NO. NONE				17. INFORMANT MRS. GEORGIA JOHNS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____			
21. I attended the deceased from Nov. 13, 1957 to Nov. 13, 1957 and last saw her alive on Nov. 13, 1957 Death occurred at 7:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE B. I. Burns, M.D. (Degree or title)			
22b. ADDRESS 24th & Cherry				22c. DATE SIGNED 11-13-57			
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL				23b. DATE NOV. 16, 1957			
23c. NAME OF CEMETERY OR CREMATORY MAPLE HILL CEMETERY				23d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS			
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS				25. DATE RECD. BY LOCAL REG. 11-15-57			
26. REGISTRAR'S SIGNATURE neva minshall							

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. I. Burns



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Basil W. Honey

Licensed Embalmer No. 4724 ..
P. O. Address K.C., Mo. ..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.